

Foster Family Home - Corrective Action Report

Provider ID: 4-100104

Home Name: Encarnacion Mendez, CNA

Review ID: 4-100104-11

322 South Lehua Street

Reviewer: Terri Van Houten

Kahului

HI

96732

Begin Date: 11/4/2020

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 12/4/2020.

Foster Family Home	Background Checks	[11-800-8]
--------------------	-------------------	------------

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - CG#4 (CG#4 is also HHM#2)does not have fingerprints

Foster Family Home	Reporting Changes	[11-800-12]
--------------------	-------------------	-------------

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) - Multiple changes to CGs and HHMs that were not recorded on the PCG disclosure form. Difficulty discerning who is currently residing in the home and who is a CTA approved CG. Current PCG disclosure states there are 10 HHMs, including 3 children. PCG states there are only 4 adults and 3 children in the CCFFH (Total of 7 people residing in the CCFFH).

Foster Family Home - Corrective Action Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
41.(f)	The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.
41.(i)	The primary caregiver shall notify the department of any dependent household members or changes in household composition.
41.(j)(3)	Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(c) - CG#1, CG#2, CG#3, CG#4 do not have evidence of 12 hours of inservice training within the last 12 months.

41.(e) - CG#4 has not received CTA approval as a SCG as of the time of this inspection. CG#3 has expired CNA certification from 8/30/20.

41.(f), 41.(f), 41.(f)(1), 41.(g) - CG#3 does not have record of current CNA certification (expired 8/31/20), TB clearance (expired 1/2020), CPR (expired 6/2020), Blood Borne Pathogen training-not present for 2020, No evidence of inservice training for 2020.

41.(h), 41.(i) - CG#4 has not been approved by CTA as an SCG. CCFFH currently has 3 CGs without a removal forms on record, Background check documents for 3 individuals who are not yet approved SCGs are present in admin binder. (Only 1 of these is being used currently as an SCG) and one HHM whose documents are still in the admin binder who is no longer living at the CCFFH.

41.(j)(3) - CG#4 was present at the time of my visit, took several minutes before letting me into the CCFFH. CG# 2 arrived shortly after and was not familiar with who the current SCGs and HHMs were. CG#2 did not appear to be home upon my arrival (seen entering front door with a box approx. 10 minutes into my inspection). CG#4 who was present does not have a CTA approval form on file. SCG arrived home approx. 20 minutes into my visit and was able to facilitate inspection. (Second citation-1st occurred 7/9/20 with same SCG)

Foster Family Home - Corrective Action Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(1) Staff	An updated Application Form including an updated Disclosure Form.
(3P)(a)(5) Staff	Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.
(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.
(3P)(b)(3) Staff	There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

(3P)(a)(1) Staff - PCG disclosure form contains out of date information.

(3P)(a)(5) Staff - No evidence that CG#1, 2, 3 or 4 has 12 hours of continuing education within the last 12 months.

(3P)(b)(2) Staff - No evidence of implementation of sign in/sign out record.

(3P)(b)(3) Staff - CG#4 is not approved to provide care in a 3 bed CCFFH

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire	shall be conducted monthly
(3P)(b)(6) Fire	shall include all SCGs at least once per year
(3P)(e)(2) Fire	Emergency escape and rescue routes shall be provided in the sleeping rooms of the clients. The routes shall be in accordance with applicable county one and two family building code requirements;

Comment:

(3P)(b)(1) Fire, (3P)(b)(6) Fire - Last documented fire drill from Feb. 2019. Noted multiple pre-filled fire drill forms in admin binder: one per each month (January-November), without year or day of month documented on the form. CG conducting fire drill did not sign these forms. Unable to determine when these drills were conducted.

(3P)(e)(2) Fire - Fire evacuation map was not posted in the client sleeping rooms for Client #1, 2 or 3

Foster Family Home - Corrective Action Report

Foster Family Home	Physical Environment	[11-800-49]
49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;	
49.(a)(6)	A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.	
49.(b)(3)	Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.	
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.	
Comment:		

49.(a)(4), 49.(a)(6) - Common living area/kitchen for client has a dining room table and 2 wheel chairs blocking a sliding door which leads to an exit.

49.(b)(3) - CG permitted bedrooms in main area of home are located on the opposite side of the CCFFH away from the client bedrooms. Client #1, 2, and 3 do not have method to contact CG from their bedrooms in the event of an emergency. CG states they are sleeping in client's common area on the couch or on the floor in the main home living room.

49.(c)(3) - Client common area has cupboard with broken door, falling off the hinges. Client freezer has excessive frost build up.

3 Person Physical Environment	3 Person Physical Environment	(3P) Env.
(3P)(c)(2) Env.	the room must be adequate for socialization and dining by the clients, preferably with the family	
Comment:		

(3P)(c)(2) Env. - Client dining room table has clutter present (paperworks, etc.) which allows only one client to sit at the table for meals at a time.

Foster Family Home	Quality Assurance	[11-800-50]
50.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:	
Comment:		

50.(a) - No evidence of Covid Worksheet present in Admin binder.

Foster Family Home	Insurance Requirements	[11-800-51]
51.(a)(1)	General;	
Comment:		

51.(a)(1) - Current liability insurance includes CG#4 who is not a CTA approved SCG.

Foster Family Home	Fiscal Requirements	[11-800-52]
52.(b)	The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.	
Comment:		

52.(b) - No evidence of household budget in admin binder since 2018

Foster Family Home - Corrective Action Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(1) - Client #1 and #3 do not have signed admission agreements on file

53.(b)(15) - Visiting policy hours are 8am-5pm. Sign on gait stating "No Trespassing "COVID" Per "My Choice, My way" visiting hours must be 24 hours a day/7 days a week.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

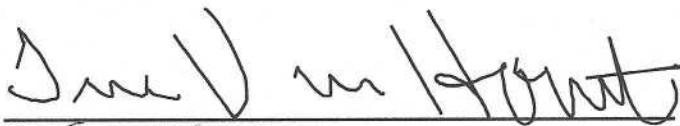
54.(c)(5) - Client #3's MAR did not include the month, CG was unable to determine which month it applied to (Sept, Oct. or Nov.)

54.(c)(5) - Client #1-Medication discrepancy-MAR indicated Clonidine 0.1 mg 1 tab BID, Hold if SBP < 110. CG states client is refusing doses frequently. MAR is unclear of when client took [REDACTED] and when he refused it. [REDACTED] charting is only once a day per MAR documentation.

Physician order for [REDACTED] from August 14, 2020 states [REDACTED]. Unable to determine BP on days where [REDACTED] was given or held. (Not documented on MAR and unable to locate ADL/VS record for October)

54.(b) - Client #1, 2 and 3 binder contained medication records that did not include the month or year. Unable to determine which month they applied to.

54.(c)(6) - Provision of services documentation missing for October from Client # 1 and Client #3. CG notes for Client #3 were illegible in some places, unable to determine dates of notes.



Compliance Manager

11/4/20

Date



Primary Care Giver

11/4/20

Date

CTA RN Compliance Manager: Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Encarnacion D. Mendez

(PLEASE PRINT)

CCFFH Address: 322 S. Lehua St., Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Requirements for CG#4 also HHM#2 fingerprinting dated 5/11/20 was iled at the binder.	11/4/20	Double checking the binder fingerprinting for CG#4 was filed. Always check documents will be on file monthly.
12.(4)	Disclosures updated 7/10/20 I should not included my three pateints in my HHM's.	11/4/20	I will make sure that I will not include my patients to my HHM's. Update and correct Disclosure Form everytime there's changes.
41.(c)	12 hours Inservice training for CG#1, CG#2, CG#3, CG#4 filed in the binder.	11/30/20	I will monitor and check that 12 hours Inservice Training for all caregivers for the whole year will be done and filed in the binder. I will keep track on a spreadsheet.
41.(e)	Required 1,920 hrs. plus hours was done 11/02/20 for CG#4 but still waiting for the Doctor certificate. I will follow up as soon as possible and send to CTA office for approval.	11/02/20	CG#4 will be approve by CTA to stay in the foster home. If we cant get approve. Foster Home should be reduce to 2 clients if there no enough caregiver to stay with clients.
41.(e)	Expired CNA cert. for CG#3 renewed and expiration dated 8/31/2022	11/05/20	I will remind CG#3 and put on the calendar 1 mo.before expiration date to renew CNA Cert. and make sure its on fill on the binder.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Encarnacion D. Mendez

Date: 12/01/2020

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Encarnacion D. Mendez

(PLEASE PRINT)

CCFFH Address: 322 S. Lehua St., Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(f)(1), 41.(g)	CG#3 CNA Cert. renewed and expiration dated 8/31/2022 her TB clearance expiration dated 5/10/21, her CPR/FA expiration 7/2022, Bloodborne Pathogen expiration dated 9/18/21 and completed all 12 hours inservice training 9/16/20. All documents on filed the binder.	11/05/20	I will put on the calendar expiration dates of all CG#3 documents and follow up 1 mo.before to renew and filed in the binder.
41.(h), 41.(i)	With my last inspection on 12/19 I put my notes on the CG's the reason why I removed them however I didnt took their documents out in the binder same thing with my deceases Dad. I took it out totally documens of CG's not working in the foster home. The on process CG's and at the same time HHM's I put their documents under HHM.	11/05/20	I will follow the rules that I will put documents only on the designated tabs in the binder. I will check files monthly to make sure they are filed.
41.(j)(3)	I will reiterate that assigned approved SCG when I leave the house will be inside the facility at all times.	11/4/20	Always follow the Foster Home rules on approved SCG's and advise CG#2 to be calm and answer properly on what the CTA inspector will asked.



All items that were fixed are attached to this CAP

PCG's Signature: Encarnacion D. Mendez

Date: 12/01/2020



CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Encarnacion D. Mendez

(PLEASE PRINT)

CCFFH Address: 322 S. Lehua St., Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
3P(a)(1)	Last updated Disclosure form dated 7/10/20 was send copy to [REDACTED] it was filed on the binder. I revised again Disclosure form dated 11/04/20 took out my 3 clients deducted to the # of my HHM's.	11/04/20	I will be aware that clients are not part of the HHM's and always update Disclosure Form everytime there's a changes at the Home.
3P(a)(5)	12 hours Inservice Training for CG#1, CG#2, CG#3, CG#4 are all done for the whole year and filed in the binder.	11/30/20	Every 3 mos. I will remind all CG's to get their Inservice Training and make sure to put in my calendar 1 mo. before December of the year to complete 12 hours of Inservice Training.
3P(b)(2)	Sign in and out was in a seperate binder make sure I will show to the inspector every visit.	11/05/20	I will put my sign in and out together with my binder so I can't misplaced.
3P(b)(3)	CG#4 waiting for the Doctors cert. for her hours. I will follow up as soon as possible	11/30/20	CG#4 will not stay with clients until I got an approval with CTA.



All items that were fixed are attached to this CAP

PCG's Signature: Encarnacion D. Mendez

Date: 12/01/2020



CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Encarnacion D. Mendez

(PLEASE PRINT)

CCFFH Address: 322 S. Lehua St., Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
3P(b)(1) 3P(b)(6)	I put on the old files other fire drills for 2019. I dated Fire Drill for year 2020 with signature who conducted fire drills. It was on filed.	11/05/20	We will take time in doing fire drills and make sure completed info. like mos/date was done indicated in the paper and signature of CG's who conducted fire drills at all times.
3P(e)(2)	Fire evacuation posted in the clients #1, #2, #3 rooms door.	11/05/20	I will review HAR rules and CTA newsletters to be more aware of the rules.
	I took it out wheelchairs blocking the exit door and put it in the storage outside.	11/05/20	Teach all CG's and HHM's that should be aware of not blocking the exit door.
49.(a)(4), 49.(a)(6)	Bed#1 has a bed alarm that can hear loud enough for the caregiver in the house. Bed#2 has a baby monitor connected to the main house kitchen. Bed #3 has a cellphone to text and call us if he needed. And additional alarms to press connected to bedrooms and main living room.	11/30/20	Home should always check all alarms are working monthly.
49.(b)(3)	Broken cupboard was fixed and defrost freezer.	11/05/20	Check monthly to maintain and fixed broken doors and freezer build up of ice.
49.(c)(3)			



All items that were fixed are attached to this CAP

PCG's Signature: Encarnacion D. Mendez

Date: 12/01/2020



CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Encarnacion D. Mendez

(PLEASE PRINT)

CCFFH Address: 322 S. Lehua St., Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
3P(c)(2)	Dining table was cleared only hand sanitizer and paper towel on top of table.	11/05/20	Always making sure nothing on the table except hand sanitizer and paper towel and can sit 3 clients to eat.
50.(a)	Covid Worksheet placed in the binder.	11/05/20	Always read news letters to be reminded of how to prevent transmission of COVID-19.
51.(a)(1)	CG#4 not included on the renewed Liability Insurance. Send payment and updated CG's	11/15/20	I will update the Liability Insurance whenever my CG's change.
52.(b)	Household budget was attached to my taxes. I make copies and placed into my binder.	11/30/20	Always placed a copies of Household budget into my binder every year.
53.(b)(1)	Asked copies from [REDACTED] for Client #1 and Client#3 admission agreements.	11/30/20	Making sure that Admission Agreements of all clients should be in their respective binders when they are admitted.
53.(b)(15)	During COVID-19 we need to take precautions for the safety of our clients, kids and families not to spread the virus trying to protect everybody and respect each other. Visitors always welcome but no trespassing just entering the house anytime.	11/05/20	Removed trespassing sign but need to ask permission entering the house at all times. Make sure visitors know COVID-19 precautions.



All items that were fixed are attached to this CAP

PCG's Signature: Encarnacion D. Mendez

Date: 12/01/2020



CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Encarnacion D. Mendez

(PLEASE PRINT)

CCFFH Address: 322 S. Lehua St., Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)(5)	Fixed all dates for the client#3 MAR. Asked the nurse to re-print medication log sheet for client#1 to put BID for [REDACTED] and just chart refused if client doesnt want to take meds. October 2020 Flowsheets attached to client #1 binder.	11/04/20	Always out the date and month of all clients MAR when charting and very careful in charting as well as making sure flowsheets of all clients and other documents attached to each client binders. Review MAR and flowsheets at the end of each month.
54.(b)	Fixed all dates, mo.and year of client #1, 2, and 3 medication records.	11/04/20	All CG's must not forget the date, mo.and year when charting. Review medication records at the end of each month.
54.(c)(6)	Asked [REDACTED] to provide me documentation of provision of services for October 2020 for client #1 and client #3. Progress notes for CG#3 attached to binder.	11/30/20	I should be aware of this documens and attached to each client binder. Use a note reminder to check for provision of care and progress notes monthly.



All items that were fixed are attached to this CAP

PCG's Signature: Encarnacion D. Mendez

Date: 12/01/2020



CTA has reviewed all corrected items